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S-11-04


3727

Atty. Dkt. No. 026032-3870

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gort, Dale A.
Title: STORAGE SYSTEM FOR A
VEHICLE
Appl. No.: 10/041,654
Filing Date: 01/04/2002
Examiner: Brevard, Maerena W.
Art Unit: 3727

Mail Stop AMENDMENT
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

| | |
|--|-------------------|
| CERTIFICATE OF EXPRESS MAILING | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. | |
| EV 431582298 US | 5/10/04 |
| (Express Mail Label Number) | (Date of Deposit) |
| Carolyn Simpson | |
| (Printed Name) | |
|  | |
| (Signature) | |

REPLY AND AMENDMENT UNDER 37 C.F.R. § 1.111

This Reply and Amendment is responsive to the Non-Final Office Action dated February 27, 2004, concerning the above-referenced patent application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Remarks begin on page 7 of this document.

Please amend the Application as follows:

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TECHNOLOGY CENTER R3700



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| EV 431582298 US (Express Mail Label Number) | 5/10/04 (Date of Deposit) |
| Carolyn Simpson (Printed Name) | |
| <i>Carolyn Simpson</i> (Signature) | |

AMENDMENT TRANSMITTAL

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

| | Claims As Amended | | Previously Paid For | | Extra Claims Present | | Rate | | Additional Claims Fee |
|--|-------------------------|---|------------------------|---|----------------------------|---|----------|---|--------------------------|
| Total Claims: | 33 | - | 38 | = | 0 | x | \$18.00 | = | \$0.00 |
| Independent Claims: | 4 | - | 4 | = | 0 | x | \$86.00 | = | \$0.00 |
| First presentation of any Multiple Dependent Claims: | | | | | | + | \$290.00 | = | \$0.00 |
| CLAIMS FEE TOTAL | | | | | | | | | = \$0.00 |

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

| | | |
|--|------------|--------|
| <input type="checkbox"/> Extension for response filed within the first month: | \$110.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the second month: | \$420.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the third month: | \$950.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fourth month: | \$1,480.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fifth month: | \$2,010.00 | \$0.00 |
| EXTENSION FEE TOTAL: | | \$0.00 |
| <input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d): | \$110.00 | \$0.00 |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL: | | \$0.00 |
| <input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above): | | \$0.00 |
| TOTAL FEE: | | \$0.00 |

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

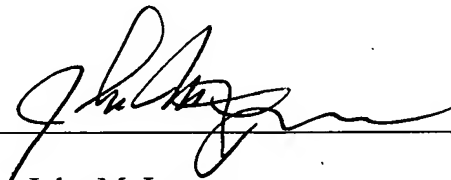
Respectfully submitted,

Date

MAY 10, 2004

FOLEY & LARDNER LLP
Customer Number: 26371
Telephone: (414) 297-5591
Facsimile: (414) 297-4900

By

A handwritten signature in dark ink, appearing to read 'John M. Lazarus', written over a horizontal line.

John M. Lazarus
Attorney for Applicant
Registration No. 48,367